

## REQUEST FOR VERIFICATION OF LICENSURE OR EXAMINATION

FROM: **STATE OF MONTANA**  
BOARD OF PROFESSIONAL  
ENGINEERS AND PROFESSIONAL  
LAND SURVEYORS  
PO BOX 200513  
HELENA MT 59620  
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(406) 841-2367 (TELEPHONE)  
(406) 841-2309 (FAX)

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
SS#: \_\_\_\_\_  
DOB#: \_\_\_\_\_  
Email: \_\_\_\_\_

### I: THE ABOVE NAMED PERSON WAS CERTIFIED OR LICENSED AS:

	Certificate Number	Date Issued	Valid Until
<input type="checkbox"/> ENGINEER-INTERN .....	_____	_____	_____
<input type="checkbox"/> PROFESSIONAL ENGINEER .....	_____	_____	_____
<input type="checkbox"/> STRUCTURAL ENGINEER .....	_____	_____	_____
<input type="checkbox"/> LAND SURVEYOR-INTERN .....	_____	_____	_____
<input type="checkbox"/> PROFESSIONAL LAND SURVEYOR .....	_____	_____	_____
<input type="checkbox"/> OTHER .....	_____	_____	_____

### II: BASIS OF LICENSURE

	Hours	Results	NCEES	Exam Date
1. <input type="checkbox"/> WRITTEN EXAMINATION				
FE	_____	_____	_____	_____
PE	_____	_____	_____	_____
STR	_____	_____	_____	_____
FLS	_____	_____	_____	_____
PLS	_____	_____	_____	_____
State Specific/Other:	_____	_____	_____	_____
EXAMINATION OPTION/DISCIPLINE:	_____	_____	_____	_____
2. <input type="checkbox"/> ORAL EXAMINATION	_____ hrs. PE	_____ hrs. PLS		
3. <input type="checkbox"/> FE/FLS ACCEPTED FROM:	_____			
<input type="checkbox"/> PE/PLS ACCEPTED FROM:	_____			
4. <input type="checkbox"/> OTHER:	_____			

### III. QUESTIONS:

- Has any disciplinary action ever been taken against the applicant? Yes ☐ No ☐
- If yes, has this disciplinary case been satisfied to the board's requirements? Yes ☐ No ☐  
If no, give details: \_\_\_\_\_
- Was the NCEES Cut-Score used? ☐ YES ☐ NO If NO, please explain: \_\_\_\_\_

### IV. REMARKS: \_\_\_\_\_

BY: \_\_\_\_\_

SEAL

TITLE: \_\_\_\_\_